



DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2

Attorney Docket No. CM2653FL

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled "Polymerized Hydrogel Adhesives with Low Levels of Monomer Units in Salt Form" the specification of which

(check  
one)

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is attached hereto.

was filed on March 29, 2002 as United States Application No. or  
PCT International Application No. PCT/US02/10177  
and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

01879971.7

EPO

(Number)

(Country)

March 30, 2001

(Day/Month/Year Filed)

Priority Claimed

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Yes

No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Serial No.

Filing Date

Application Serial No.

Filing Date

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the registered practitioners associated with customer number 27752 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: Customer Number 27752

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Stephen Allen GOLDMAN  
Inventor's signature *Stephen Allen Goldman* X August 6, 2002  
Date  
Residence Via Colle di Morro 62, I-65013 Citta Sant' Angelo (Pescara), Italy  
Citizenship U.S.  
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Full name of second inventor, if any Dr. Wolfgang Edgar HUHNE  
Inventor's signature *Dr. Wolfgang Edgar Huhne* X August 6, 2002  
Date  
Residence Strada dell' Acquedotto 10, I-66013 Chieti, Italy  
Citizenship German  
Mailing Address Strada dell' Acquedotto 10, I-66013 Chieti, Italy

Full name of third inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Full name of fourth inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Full name of fifth inventor, if any \_\_\_\_\_  
Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Mailing Address \_\_\_\_\_